2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# P06000078210

Entity Name: SOUTH FLORIDA HOME CARE GROUP CORP.

Current Principal Place of Business:

1900 CORAL WAY
SUITE 201
MIAMI, FL 33145

New Principal Place of Business:

3408 WEST 84 ST
SUITE 117-B
HIALEAH, FL 33018

Current Mailing Address:

1900 CORAL WAY
SUITE 201
MIAMI, FL 33145

New Mailing Address:

3408 WEST 84 ST
SUITE 117-B
HIALEAH, FL 33018

FEI Number: 20-5152217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTILLO, DAUVINIA
1900 CORAL WAY
SUITE 201
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

GUTIERREZ, MILAGROS
3408 WEST 84 ST
SUITE 117-B
HIALEAH, FL 33018 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MILAGROS GUTIERREZ 04/03/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CASTILLO, DAUVINIA
Address: 1900 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: S (X) Delete
Name: MONDAY, YULEIOYS
Address: 1900 CORAL WAY
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GUTIERREZ, MILAGROS
Address: 3408 WEST 84 ST SUITE 117-B
City-St-Zip: HIALEAH, FL 33018

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILAGROS GUTIERREZ P 04/03/2009
Electronic Signature of Signing Officer or Director Date